REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND	Application Number	10/750,345
	Filing Date	December 31, 2003
	First Named Inventor	VANDERVEEN, TIMOTHY W., et al.
	Title	MEDICATION SAFETY
CHANGE OF CORRESPONDENCE		ENHANCEMENT FOR SECONDARY
	A - 4 11 - 14	INFUSION
ADDRESS	Art Unit Examiner Name	3767 Deanna K. Hall
	Attorney Docket Numbe	
	Attorney Docket Humbe	000023-0343
I hereby revoke all previous powers of attorney given in the above-identified application.		
A Power of Attorney is submitted herewith.		
OR .		
	0	41552
I hereby appoint the practitioners associated with the Customer Number:		
Please change the correspondence address for the above-identified application to:		
Please change the correspondence address for the above-identified application to:		
The address associated with Customer Number:		
_	41552	
OR		
Individual Name		
Address		· · · · · · · · · · · · · · · · · · ·
City	State	Zip
Country	State	Zip
Telephone	Email	
I am the:		
Applicant/Inventor.		
Assignee of record of the entire interest. See 37 CFR	3.71	
Statement under 37 CFR 3.73(b) is enclosed. (Form F		
SIGNATURE of	Applicant or Assignee of Re	ecord
Signature 2 7 5th_		Date 12/5/200%
Name Joan B. Stafslien		Telephone 858-643-1400
Title and Company Senior Vice President and General Counsel, Cardinal Health 303, Inc		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
*Total of 1 forms are submitted.		